2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2025
Secretary of State
1335634264CC

DOCUMENT# 706569

Entity Name: ADVOCACY RESOURCE CENTER MARION, INC.

Current Principal Place of Business:

2800 SE MARICAMP ROAD
OCALA, FL 34471-5551

Current Mailing Address:

2800 SE MARICAMP RD
OCALA, FL 34471-5551 US

FEI Number: 59-2217524

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOWOSIADLO, OLEKSA CFO
2800 SE MARICAMP RD
OCALA, FL 34471-5551 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: OLEKSA NOWOSIADLO 02/27/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY
Name	PREECE, TAMMY
Address	2201 SE 30TH AVENUE
City-State-Zip:	OCALA FL 34471

Title	PRESIDENT
Name	GILLAND, DANIEL
Address	1910 SW 18TH COURT BLDG. 100
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	PALMER, CONNIE
Address	2800 SE MARICAMP ROAD
City-State-Zip:	OCALA FL 34471-5551

Title	DIRECTOR
Name	HOPKINS , RAY
Address	1924 SE 37TH CRT CIRCLE
City-State-Zip:	OCALA FL 34471

Title	VP
Name	TROUT, CHARLES
Address	2575 SW 42ND STREET SUITE #100
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	VALADEZ, MICHELE
Address	PO BOX 74
City-State-Zip:	BELLEVIEW FL 34421

Title	TREASURER
Name	WARNKEN, NIC
Address	2800 SE MARICAMP ROAD
City-State-Zip:	OCALA FL 34471-5551

Title	CFO
Name	NOWOSIADLO, OLEKSA
Address	266 TURTLE RUN
City-State-Zip:	MACEDON NY 14502

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LENEIA J CLYATT EXECUTIVE DIRECTOR 02/27/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CEO
Name	CLYATT, LENEIA
Address	2800 SE MARICAMP ROAD
City-State-Zip:	OCALA FL 34471-5551

Title	DIRECTOR
Name	GRIMES, SHELLEY
Address	500 SW 10TH ST SUITE 311
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	SAPP, GARRETT
Address	910 SW 1ST AVE
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	WIRE, RACHEL
Address	3133 SW 32ND AVE
City-State-Zip:	OCALA FL 34474

Title	DIRECTOR
Name	AMAN, BRYAN
Address	310 SE THIRD STRRET
City-State-Zip:	OCALA FL 34471